

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 8-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1937
State File No. 13
Registrar's No. 13

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County. Butler
(b) City or town. Poplar Bluff.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home: Davis and Robinson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community. About 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Joseph Mopps

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased June 3, 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 10 If less than one day hr. min.

9. Birthplace. Vigo County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Labor (retired)

11. Industry or business None

12. Name. Jehn None Mopps

13. Birthplace. Unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Farr

15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Federston

(b) Address Route #1 Poplar Bluff, Mo

17. (a) Burial (b) Date thereof. Jan 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. City Cemetery

18. (a) Signature of funeral director. Greer-Croy Funeral
(b) Address Poplar Bluff, Missouri

19. (a) 1/16/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Butler
(c) City or town. Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Davis & Robinson
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 12th, 1941, to Jan 13th, 1941;
that I last saw him alive on Jan 12th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Lobar pneumonia -
terminal
Due to Pulmonary Edema
Due to Cardiac Decongestion
Other conditions Chronic Nephritis approx 2 yrs
(Include pregnancy within 3 months of death)

Duration

1/12/41

1/10/41

12/2/40

Major findings:
Of operations. 10
Of autopsy. 10

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. L. Gualls (M. D. W. L. Gualls)
Address Poplar Bluff, Mo Date signed 1/13/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address..... Poplar Bluff, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.